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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) MAK-104US	
and the second s	In re Application of		
I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office	David Myr		
	Application Number		Filed
on 3/27/08			
Signature Curistine Clarke- Tobin Jon	10/610,955		July 1, 2003
Signature Caracter Caracter / 100-1/120	For		
Typed or printed_name CHRISINE CLARKE-Tobinsor	METHOD AND SYSTEM FOR OPTIMIZED REAL ESTATE APPRAISAL		
	Art Unit	Examine	r
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the Examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))	\$ <u>510.00</u>		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 255.00			
A check in the amount of the fee is enclosed.			
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The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 18-0350. I have enclosed a duplicate copy of this sheet.			
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included or this form. Provide credit card information and authorization on PTO-2038.			
lam the			
		w	Signature
applicant/Inventor.	7		signature /
	//	Lawre	nce E. Ashery
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is end (Form PTO/SB/96)	ofesi.	Typed	or printed name
(FORM FORMAN)			
attorney or agent of record. Registration Number: 34, 515	<u> </u>		407-0700
attorney or agent acting under 37 CFR 1.34.		Telep	hone Number
Registration number if acting under 37 CFR 1.34			
	(ンノレ	1100
		1	Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.			
Submit multiple forms if more than one signature is required, see below.			
□ *Total of forms are submitted.			

This collection of information is required by 37 CFF 41.31. The information is required to obtain or retain a benefit by the public which is Dife (and by the USPTO is process) an application. Confidentiality is governed by 30 LS, C.12 and 37 CFF 41.1, 1, 4 and 41.6. This collection is estimated to be considered to the confidentiality in the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this benefit and be sent to the Child Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Netaradria, VA 22313-459, D.O.NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O.NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients, P.O. Box 1459, Alexandria, VA 22313-459, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commensioner for Patients ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRES VA 22313-1450.